

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Gleevec (Imatinib)

Therapy:

Is indicated for the treatment of patients with chronic myeloid leukemia (CML) in blast crisis, accelerated phase or in chronic phase after failure of interferon-alpha therapy. Effectiveness is based on overall hematologic and cytogenetic response rates.

Inclusions:

- A)** What phase is the patient in
 - 1) Blastic
 - 2) Myeloid blast crisis
 - 3) Accelerated phase
 - 4) Chronic phase
- B)** Failure of interferon-alpha therapy (e.g. Intron-A, Roferon-A)
- C)** Is (or was) the patient taking hydroxyurea or busulfan
- D)** Request comes from Oncology

Risk Factor/Contraindications

Pregnancy category D- women of childbearing potential should be advised to avoid becoming pregnant

Authorization:

Initially six months with reauthorization of six months with documented efficacy

Medical Director _____

Date _____